

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

35593

State File No. _____

No. 300

11 NOV 3 1952

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>5667</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Bedford Twp)</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Moscow Mills, Missouri</u>			
c. LENGTH OF STAY (In this place) <u>XX</u>				d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hi-Way #47 West of Troy</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frank</u>		b. (Middle) _____		c. (Last) <u>Shafer Jr</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>22,</u>		(Year) <u>1952.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 26, 1928.</u>	9. AGE (In years last birthday) <u>24</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Pipeline</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moscow Mills Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Shafer Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Busch</u>			14. NAME OF HUSBAND OR WIFE <u>Dolores Shafer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW 2</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dolores Shafer</u> ADDRESS <u>Moscow Mills Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multipile Fractures of Skull & Chrushed Chest</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Automobile Collision</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
19a. DATE OF OPERATION <u>XX</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXXXX</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi-Way</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bedford Twp, Lincoln Co. Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 22, 1952 4:25</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Headon Collision of Two Automobiles</u>			
22. I hereby certify that I attended the deceased from <u>XXXXXXXXXX</u> , 18 <u>XXXXXX</u> , 19 <u>XXXXXX</u> , that I last saw the deceased alive on <u>XXXXXXXXXX</u> , 19 <u>XXXXXX</u> , and that death occurred at <u>XXXXX</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph J. Marsh</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Troy, Missouri</u>		23c. DATE SIGNED <u>10/22/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/25/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Theodore Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Frontville, Missouri</u>	
25a. DATE REC'D BY LOCAL REG. <u>Oct 31-52</u>		25b. REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		25c. FUNERAL DIRECTOR'S SIGNATURE <u>Pitman Funeral Home</u> ADDRESS <u>Wentzville. Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0570 3

0570 2

E 8164
26

NOV 24 1952

NOV 25 1952

NOV 3 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Amelia M. Titman

Licensed Embalmer No. 3055

P. O. Address *Wentzville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.